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LUTCHER, LA - Today U.S. Rep. Charlie Melancon joined officials from USDA Rural Development and the directors of St. James Parish Hospital to break ground for a new 55,500 square foot, 20-bed hospital in Lutcher. The hospital is made possible by an \$18 million rural development loan to the St. James Parish Hospital District from the U.S. Department of Agriculture.

"I have lived almost my whole life in the small town of Napoleonville, and I know rural communities are struggling because of lack of access to healthcare facilities," said Melancon. "This new hospital will improve the quality of life for the people of Lutcher and St. James Parish by providing them with top quality care and the latest health technology."

Many rural areas are served by aging hospitals critically in need of updating. The USDA Rural Development funding will give the residents of St. James Parish access to new and improved hospital facilities and services.

Rep. Melancon, a member of the Rural Health Care Coalition in Congress, has also recently co-sponsored the bipartisan Health Care Access and Rural Equity Act of 2006. This comprehensive legislation makes several improvements to help rural healthcare providers address the challenges associated with delivering quality healthcare close to home.

The H-CARE Act, which is supported by over 60 Members of Congress to date, will do the following:

- Increase payments known as disproportionate share hospital (DSH) payments to rural hospitals with a disproportionate share of Medicare and Medicaid patients.
 - Improve payments for lab services in small Critical Access Hospitals.

Authorize a loan program targeted to rural hospitals for capital improvement projects such as hospital renovation and expansion.
Improve payments for rural ground ambulance services.
Establish a Rural Community Hospital Program, providing Medicare cost-based reimbursement for inpatient and outpatient services for hospitals with 50 or fewer beds.
Ensure adequate rural representation on the Medicare Payment Advisory Commission.
Raise Rural Health Clinic reimbursements to more appropriately cover costs.
Authorize health information technology grants for rural practitioners.
Establish a Rural Heath Quality Advisory Commission and rural health quality demonstration projects.
Require prompt payment to rural pharmacies by Medicare prescription drug plans.
Reauthorize the Rural Outreach and Network Grants.
• Extend several expiring Medicare adjustment payments for rural practitioners including physicians practicing in physician scarcity areas, rural ambulance providers, rural home health agencies and specific classes of rural hospitals.

To date, twelve national organizations have endorsed the H-CARE Act including the American Hospital Association, National Rural Health Association, American Osteopathic Association, American Ambulance Association, National Association of Rural Health Care Clinics, National Association for Home Care and Hospice, College of American Pathologists, Rural Referral Center/Sole Community Hospital Coalition, Federation of American Hospitals, American Counseling Association, American Association for Marriage and Family Therapists, National Community Pharmacist Association and the Section 508 Hospital Coalition. Numerous state organizations are also supporting the bill.

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